

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

International Chiropractors Association Political Action Committee

Report Covering the Period:

From:

07 / 01 / 2016

To:

09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		25,114.27
(b) Cash on Hand at Beginning of Reporting Period.....	13,227.61	
(c) Total Receipts (from Line 19)	4,720.00	16,062.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	17,947.61	41,176.47
7. Total Disbursements (from Line 31)	3,602.14	26,831.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14,345.47	14,345.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

International Chiropractors Association Political Action Committee

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2016

To:

MM / DD / YYYY
09 / 30 / 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add
Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs).....

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

17. Other Federal Receipts
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts
(subtract Line 18(c) from Line 19).....▶

4,720.00
4,720.00
4,720.00
4,720.00
4,720.00
4,720.00

16,062.20
16,062.20
16,062.20
16,062.20
16,062.20
16,062.20

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1,602.14	20,331.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1,602.14	20,331.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2,000.00	6,500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3,602.14	26,831.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3,602.1	26,831.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-
penditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans)
(from Line 11(d), page 3)
34. Total Contribution Refunds
(from Line 28(d))
35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b)) ▶
37. Offsets to Operating Expenditures
(from Line 15, page 3)
38. Net Operating Expenditures
(subtract Line 37 from Line 36) ▶

4,720.00
4,720.00
1,602.14
1,602.14

16,062.20
16,062.20
20,331.00
20,331.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jim Jordan for Congress

Mailing Address
1709 State Route 550

City Urbanna State OH Zip Code 43078

Purpose of Disbursement
Campaign contribution

Candidate Name
The Hon. Jim Jordan

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼
 State: Ohio District: 4th

Date of Disbursement

09 / 15 / 2016

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. Friends of Bill Posey

Mailing Address
P. O. BOX 411486

City Melbourne State FL Zip Code 32941

Purpose of Disbursement
Campaign contribution

Candidate Name
The Hon. Bill Posey

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼
 State: Florida District: 8th

Date of Disbursement

07 / 15 / 2016

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
 State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2,000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 3

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address

800 West Broad Street

City Falls Church

State VA

Zip Code

22042

Purpose of Disbursement

Postage for member mailing

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Administrative expense

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2016

Amount of Each Disbursement this Period

141.00

B. US Postal Service

Mailing Address

800 West Broad Street

City Falls Church

State VA

Zip Code

22042

Purpose of Disbursement

Postage for member mailing

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Administrative expense

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2016

Amount of Each Disbursement this Period

161.95

C. Ehlich, Caroline

Mailing Address

6400 Arlington Boulevard, Suite 800

City

Falls Church

State VA

Zip Code

22042

Purpose of Disbursement

Internship Stipend

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Administrative expense

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2016

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)..... ➤

TOTAL This Period (last page this line number only)..... ➤

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 3

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address

800 West Broad Street

City Falls Church

State VA

Zip Code 22042

Purpose of Disbursement

Postage for member mailing

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Administrative expense

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2016

Amount of Each Disbursement this Period

55.80

B. US Postal Service

Mailing Address

800 West Broad Street

City Falls Church

State VA

Zip Code 22042

Purpose of Disbursement

Postage for member mailing

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Administrative expense

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2016

Amount of Each Disbursement this Period

37.70

C. US Postal Service

Mailing Address

800 West Broad Street

City Falls Church

State VA

Zip Code 22042

Purpose of Disbursement

Postage for member mailing

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Administrative expense

Date of Disbursement

MM / DD / YYYY
07 / 229 / 2016

Amount of Each Disbursement this Period

63.50

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 3

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address

800 West Broad Street

City

Falls Church

State

VA

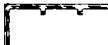
Zip Code

22042

Purpose of Disbursement

Postage for member mailing

Candidate Name



Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

Administrative expense

State:

District:

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

Amount of Each Disbursement this Period

258.00

B. US Postal Service

Mailing Address

800 West Broad Street

City

Falls Church

State

VA

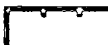
Zip Code

22042

Purpose of Disbursement

Postage for member mailing

Candidate Name



Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

Administrative expense

State:

District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2016

Amount of Each Disbursement this Period

47.00

C. Federal Express

Mailing Address

PO Box 371461

City

Pittsburgh

State

PA

Zip Code

15250-7461

Purpose of Disbursement

Shipping expense

Candidate Name



Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

Administrative expense

State:

District:

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2016

Amount of Each Disbursement this Period

487.19

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1,602.14

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(3/2015)